



No Insurance Coverage Provided

Product Name		\$ 98
Quantity		180
Material		
Product Brand/Supplier		
Material & Parts Index	100	
Material Index of Supplier to Whom Purchased		
Material Index		\$ 298
Position of Data		

5 August @ 10:10/104

SENDER:

~~Smaller & not too~~

- SEVEN.**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, and 4a & b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the newspaper clipping, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the clipping below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.
- RECEIVED
JUN 26 1968
LIBRARY

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee

2. ☐ **Restricted Delivery**
Consult postmaster for fee.

3. Article Add

Aaron Dennis, President
Dennis Chemical Company, Inc.
2700 Papin Street
St. Louis, MO 63103

4a. Article Number

7411 900 402

4b. Service Type ☐

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☒ Return Receipt for Merchandise

☐ Express Mail

☒ Return receipt for Merchandise

7. Time of Delivery

DEC 1 1964

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature

10

PS Form 381

December 1991

U.S. GPO: 1963-362-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.